

# **Personal Campaign Committee**

## Statement of Dissolution

#### **Candidate Information**

Name	Telephone Number		
Ben C. Ferry	(435)744-2997		
Office	District Number	Party (	County of Election
Utah House of Representatives	2	Republica <b>M</b> ulti-C	County
Street Address	Suite/Apartment/PO Box	City	State Zip
905 North 6800 West		Corinne	UT 84307

I,	Ben C. Ferry
	(Name of Candidate)
	affirm that my account balance is zero, I have closed my campaign account, dissolved my campaign committee, and I will no longer be receiving contributions or making expenditures for political purposes as a candidate for the above office.
	admin
	Signature of Candidate
	4/5/2010
	Date

#### To File this Form

Mail or deliver to
Office of the Lieutenant Governor
Utah State Capitol, Suite 220
Salt Lake City, UT 84114
(801)538-1133

### For More Information

Contact the Lieutenant Governor's Office (801)538-1041 1-800-995-VOTE (8683) disclosure@utah.gov

For Offi	ice Use Only
	Date Received